

Exhibit 20

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 4/3/2024

Date IAC Received 1824: 3/27/2024

1824 Log Number: 539828

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: C8-[REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Associate Governmental Program Analyst [REDACTED] Health Care Grievance Representative [REDACTED] Office of Grievance Representative [REDACTED] Field Training Lieutenant [REDACTED] Psychologist Dr. [REDACTED] Chief physician and surgeon W. Kokor, Healthcare Compliance Analyst [REDACTED] Registered Nurse [REDACTED]

Summary of Inmate's 1824 Request: Inmate reports being informed by the Prison Law Office that he qualifies for use of the CART program because he is DNH. Inmate requests approval to use CART to help with completing a Transitions class, any appointments, all pre-release, medical. BPH, etc.

Interim Accommodation:

No interim accommodation required: You are not alleging a disability or requesting an accommodation to access Programs, Services, or Activities (PSAs).

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate reports being informed by the Prison Law Office that he qualifies for use of the CART program because he is DNH. Inmate requests approval to use CART to help with completing a Transitions class, any appointments, all pre-release, medical. BPH, etc.

Response: On 4/3/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

You are accommodated with a Personal Sound Amplification Device (PSAD) and hearing aids. The use of CART is intended for individuals with severe hearing loss who must rely on written notes to establish effective communication during due process events. With your hearing aids and PSAD, you have demonstrated an ability to maintain a functional hearing level which enables you to achieve effective communication without written notes. Your current effective communication history demonstrates your ability to effectively communicate with your current assistive devices and required methods of communication, which are the use of your hearing aids and for staff to speak loudly and clearly. You have demonstrated your current ability to reiterate what was said to you and respond appropriately when these methods are used. As such, you have equally accessible means of establishing effective communication with your current assistive devices and methods of communication. You do not require CART to establish effective communication and/or access PSAs.

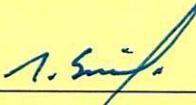
Your request was forwarded to the Central Screening Team (CST) for review. The CST identified your claim regarding CART and determined it does not fit within the scope of a request for reasonable accommodation. These claims have been referred to the appropriate department and will be responded to within sixty days via a grievance response.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

APR 18 2024

Date sent to inmate:

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <i>Soatf</i>	LOG NUMBER (Staff Use Only) <i>539828</i>	DATE RECEIVED BY STAFF: CSATF OFFICE <i>MAR 27 2024</i>
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		

INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	OF GRIEVANCES HOUSINGS <i>C-8</i>
[REDACTED]			

INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

*I am playing this Request Do to I fks To forward
 About the CART Drayys And So to Tom
 A PNT Tomke I Drayy According to
 The Drayys law Office And Since I was
 Moved From 8-yard bby only Having 16 hours*

WHY CAN'T YOU DO IT?

*of trashtios left maybe this bby of Also
 Be A bby to complete this class So I have
 Sign me up with CART Drayys to help
 Accomodate as Appropriate All pr-*

WHAT DO YOU NEED?

*Please, Medical, B&H, ECT That
 you*

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure

List and attach documents, if available:

I understand that staff h

perate may cause this request to be disapproved.

3-26-24
DATE SIGNED

Assistance in completing this form was provided by:

Last Name

First Name

Signature

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 539828

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 3 / 27 / 2024

Does the inmate raise issues on the CDCR 1824 that may cause the **inmate injury or other serious harm** while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

Yes / Unsure (Complete Steps 2 &/or 3) No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the **inmate injury or other serious harm** include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

[REDACTED]

SSA

Title

Signature

3 / 27 / 2024

Person Completing Step 1

Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ____ / ____ / ____ Due back to IAC: ____ / ____ / ____ Returned to IAC: ____ / ____ / ____

Assigned to: _____ Title: _____

Information needed:

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Notes: I/M is DNH with a primary communication method of hearing aids and an alternate communication method of need staff to speak loudly and clearly. I/M is currently accommodated with a Personal Sound Amplification Device. Use of CART is intended for individuals with hearing loss who utilize written notes to communicate.

Interviewer (Print Name)

Title

Signature

____ / ____ / ____
Date Completed

IAP / Interview Worksheet

CDCR #:

CDCR 1824 Log #: 539828

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

An Interim Accommodation **IS NOT** required.

Reason: _____

An Interim Accommodation **IS** required.

Reason: _____

Accommodation(s) provided:

Date provided:

Comments: _____

Person Completing Step 3

Title

Signature

____, ____ , ____
Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary**

Wednesday March 27, 2024 01:34:30 PM

As of: 03/27/2024 **OFFENDER/PLACEMENT**

CDC#: [REDACTED]
 Name: [REDACTED]
 Facility: SATF-Facility C
 Housing C 008 [REDACTED]
 Area/Bed:
 Placement 54
 Score:
 Custody Medium (A)
 Designation:
 Housing Non-Designated Program Facility
 Program:
 Housing Ground Floor-Limited Stairs
 Restrictions: Lower/Bottom Bunk Only
 Physical Lifting Restriction- Unable to Lift more than 19
 Limitations to Pounds
 Job/Other: No Rooftop Work
 Permanent - 12/31/9999

DISABILITY ASSISTANCE

Current DDP Status: NCF
 DDP Adaptive None
 Support Needs:
 Current DDP Status Date: 12/23/2003
 DPP Codes: DLT, DNH
 DPP Determination Date: 11/14/2018
 Current MH LOC: GP
 Current MH LOC Date: 09/26/2023
 SLI Required: No
 Interview Date: 09/11/2017
 Primary Method(s) - Hearing: Hearing Aids
 Alternate Method - Hearing: Need Staff to Speak Loudly
 and Clearly
 Non-Formulary Inmate interviewed on
 Accommodations/Comments: 9/11/17 by CCI [REDACTED]

Additional
 Alternate: American Sign
 Language.

TimeStamp: 11 September
 2017 16:17:07 --- User:
 [REDACTED]

Learning Disability:
 Initial Reading Level: 05.0
 Initial Reading Level Date: 03/26/2021
 Durable Medical Equipment: Hearing Aid
 Non-invasive Airway
 Assistive Devices - C-Pap
 Machine
 Electrical Access
 Eyeglass Frames
 Foot Orthoses
 Hearing / Mobility Impaired
 Disability Vest
 Incontinence Supplies
 Other (Include in
 Comments)
 Partial Lower Denture
 Therapeutic
 Shoes/Orthotics

Languages Spoken:

IMPORTANT DATES

Date Received: 03/14/2017
 Last Returned Date:
 Release Date: 03/07/2026
 Release Type: Earliest Possible Release Date

WORK/VOCATION/PIA

Privilege Group: A
 Work Group: A1
 AM Job Start Date:
 Status:
 Position #:
 Position Title:
 Regular Days On:

Exhibit 21

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**AMENDED REONSE**

RAP Meeting Date: 3/13/2024

Date IAC Received 1824: 3/7/2024

1824 Log Number: 530605

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: D5-[REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugweze, Psychologist [REDACTED] Health Care Grievance Representative [REDACTED] Custody Appeals Representative [REDACTED] Associate Governmental Program Analyst [REDACTED] Registered Nurse [REDACTED] Staff Services Analyst [REDACTED] Staff Services Analyst [REDACTED] Field Training Lieutenant [REDACTED] Assistant Principle (A) [REDACTED]

Summary of Inmate's 1824 Request: Inmate alleges an identified staff member intentionally refuses to open his door to allow him to access recreation yard or the opportunity to exchange his hearing aid batteries; Inmate requests to be allowed to exit his cell in the morning for medication release to be able to exchange hearing aid batteries and asks the retaliation to stop.

Interim Accommodation:

No interim accommodation required: You are accommodated with a pocket talker and Over the Ear Headphones (OTEH).

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate alleges an identified staff member intentionally refuses to open his door to allow him to access recreation yard or the opportunity to exchange him hearing aid batteries; Inmate requests to be allowed to exit his cell in the morning for medication release to be able to exchange hearing aid batteries and asks the retaliation to stop.

Response: On 3/13/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 3/7/2024, you were accommodated with a pocket talker and OTEH.

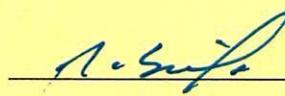
Your request was forwarded to the Central Screening Team (CST) for review. The CST identified your claim regarding **your allegation of staff misconduct** and determined it does not fit within the scope of a request for reasonable accommodation. These claims have been referred to the appropriate department and will be responded to within sixty days via a grievance response.

Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating you are receiving hearing aid batteries weekly.

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife



Date sent to inmate:

APR 26 2024

ADA Coordinator/Designee

Signature

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 3/13/2024

Date IAC Received 1824: 3/7/2024

1824 Log Number: 530605

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: D5-[REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugweze, Psychologist [REDACTED] Health Care Grievance Representative [REDACTED] Custody Appeals Representative [REDACTED] Associate Governmental Program Analyst [REDACTED] Registered Nurse [REDACTED] Staff Services Analyst [REDACTED] Staff Services Analyst [REDACTED] Field Training Lieutenant [REDACTED] Assistant Principle (A) [REDACTED]

Summary of Inmate's 1824 Request: Inmate alleges an identified staff member intentionally refuses to open his door to allow him to access recreation yard or the opportunity to exchange his hearing aid batteries; Inmate requests to be allowed to exit his cell in the morning for medication release to be able to exchange hearing aid batteries and asks the retaliation to stop.

Interim Accommodation:

No interim accommodation required: You are not alleging a disability or requesting an accommodation to access Programs, Services, or Activities (PSAs).

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate alleges an identified staff member intentionally refuses to open his door to allow him to access recreation yard or the opportunity to exchange him hearing aid batteries; Inmate requests to be allowed to exit his cell in the morning for medication release to be able to exchange hearing aid batteries and asks the retaliation to stop.

Response: On 3/19/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

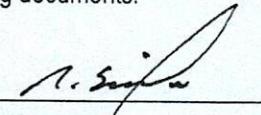
Your request was forwarded to the Central Screening Team (CST) for review. The CST identified your claim regarding access to the recreation yard and hearing aid batteries and determined it does not fit within the scope of a request for reasonable accommodation. These claims have been referred to the appropriate department and will be responded to within sixty days via a grievance response.

Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating you are receiving hearing aid batteries weekly.

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife



Date sent to inmate: APR 02 2024

ADA Coordinator/Designee

Signature

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <i>CSATF</i>	LOG NUMBER (Staff Use Only) <i>530605</i>	DATE RECEIVED BY STAFF: <i>CSATF OFFICE MAR 07 2024</i>	
<p>*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****</p> <p>DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC</p>			
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	HOUSING
		<i>Rec-Aid</i>	<i>D-S-</i>

INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

*(1) THE SECOND WATCH CONTROL OFFICER; [REDACTED] Badge# [REDACTED];
Has intentionally Refuse to open my living Assigned cell D-S-1 [REDACTED] Door
Refusing to Allow Recreation Yard exercise in the Morning AS A Ridicule
to Here with on 3/6/24 Deliberately Refuse to Allow this HEARING IMPAIRED
Person the OPPORTUNITY to Get HEARING AID BATTERIES AT Morning med Release.*

WHY CAN'T YOU DO IT?

*I can't Be allowed to exit my cell in the morning med Release
For opportunity Exchange HEARING AID BATTERIES due to such
Discrimination, And Ridicule Abuse of Authority by such Employee;
Whereby I HAD TO SIT in the cell with NO Ability to Hear APPAREC ETC...*

WHAT DO YOU NEED?

*Have This Employee to Stop such Ridicule because I couldn't
Hear such order where He Had Written CDCR 128g when I
was Standing ATTEMPTING to get in my cell, and now He Refuse to
Allow me out of my cell as he Abuse Authority in Control Booth
Refillery; and I couldn't locate the ADA Sgt at Noon med Release
to Assist with the Batteries, or or Penal code 832.5 complaint form;
However, LYN G. FORD ISSUED BATTERIES @ Noon Meds. (Use the back of this form if more space is needed)*

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure

List and attach documents, if available:

See Unit Health Records

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

March 6, 2024
DATE SIGNED

Assistance in completing this form was provided by:

Last Name

First Name

Signature

DRAFT

Interim Accommodation Procedure (IAP) / Interview WorksheetUpon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 530605

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 03 / 07 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate **injury or other serious harm** while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

Yes / Unsure (Complete Steps 2 &/or 3) No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate **injury or other serious harm** include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

[REDACTED] AGPA [REDACTED]

03 / 07 / 24

Person Completing Step 1

Title

Signature

Date Completed

STEP 2 CDCR 1824 INTERVIEWS*Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"*

Date assigned: ____ / ____ / ____

Due back to IAC: ____ / ____ / ____

Returned to IAC: ____ / ____ / ____

Assigned to: _____ Title: _____

Information needed:

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes:

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes:

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes:

Notes: FORWARD TO HC FOR INPUT REGARDING RECORD OF HEARING AID BATTERY REPLACEMENT. AS OF 10/31/2023, I/M IS ACCOMMODATED WITH A POCKET TALKER. I/M IS ALSO ACCOMMODATED WITH OTEH. ALL 1824'S ARE SCREENED BY CST, IDENTIFIED ASM WILL BE REFERRED FOR INQUIRY AND/OR INVESTIGATION.

Interviewer (Print Name)

Title

Signature

/ / / Date Completed

IAP / Interview Worksheet

DRAFT

Inmate: [REDACTED]

CDCR #:

CDCR 1824 Log #: 530615

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

An Interim Accommodation IS NOT required.

Reason: _____

An Interim Accommodation IS required.

Reason: _____

Accommodation(s) provided:

Date provided:

— / — / —
— / — / —
— / — / —

Comments: _____

AGPA

Title

Signature

03 / 08 / 24

_____, _____, _____

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g. the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #:

PID #:

CHSS035C **DPP Disability/Accommodation Summary** Thursday March 07, 2024 11:51:28 AMAs of: 03/07/2024 **OFFENDER/PLACEMENT**

CDC#: [REDACTED]

Name: [REDACTED]

Facility: SATF-Facility D

Housing Area/Bed: D 005 [REDACTED]

Placement Score: 841

Custody: Medium (A)

Designation:

Housing Program: Sensitive Needs Yard

Housing Lower/Bottom Bunk Only

Restrictions:

Physical Limitations No Rooftop Work

to Job/Other: Permanent - 12/31/9999

DISABILITY ASSISTANCE

Current DDP Status: NDD

DDP Adaptive: None

Support Needs:

Current DDP Status Date: 10/21/2005

DPP Codes: DNH

DPP Determination Date: 11/18/2021

Current MH LOC: CCCMS

Current MH LOC Date: 06/06/2019

SLI Required: No

Interview Date: 04/30/2016

Primary Method(s) - Hearing: Hearing Aids

Alternate Method - Hearing: Need Staff to Speak Loudly and

Clearly

Non-Formulary Already possesses a Dual

Accommodations/Comments: Vision/Hearing Vest.

Learning Disability:

Initial Reading Level: 03.0

Initial Reading Level Date: 02/25/2020

Durable Medical Equipment: Hearing Aid

Ankle Foot Orthoses/Knee Ankle

Foot Orthoses (AFO/KAFO)

Eyeglass Frames

Hearing Impaired Disability Vest

Incontinence Supplies

Partial Upper Denture - Acrylic

Therapeutic Shoes/Orthotics

Languages Spoken:

IMPORTANT DATES

Date Received: 10/12/2000

Last Returned

Date:

Release Date: 10/21/2034

Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: A

Work Group: A1

AM Job Start 12/30/2022

Date:

Status: Full Time

Position #: REC.002.005

Position Title: D-5 3/W REC WRKR

Regular Days On: Tue,Wed,Thu,Fri,Sat (14:30:00 -

17:00:00)

Tue,Wed,Thu,Fri,Sat (18:00:00 -

22:00:00)

Disability Verification Process (DVP)
Worksheet
SIDE 1

INMATE'S NAME (Print)	CDCR 1824 LOG NUMBER
[REDACTED]	530605
CDCR NUMBER	
[REDACTED]	

INSTRUCTIONS

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

SECTION 1 – SME FINDINGS

Person completing worksheet: G. Ugwueze, MD Title: CME

Type of Review: Health care review Mental Health review Education / learning disability review
 Other review: _____

File Review conducted. Documents obtained:

<input type="checkbox"/> CDCR 1845 dated: <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/> CDCR 7410 dated: <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/> CDCR 128-C2: dated: <u> </u> / <u> </u> / <u> </u>
<input checked="" type="checkbox"/> CDCR 7536 dated: <u>03</u> / <u>06</u> / <u>24</u>	<input type="checkbox"/> CDC 7221-DME dated: <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/>
<input type="checkbox"/> CDCR 128-C3: dated: <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/> CDCR 7386: dated: <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/> CDCR 7388: dated: <u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/> Other: _____ dated: <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/> Other: _____ dated: <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/> Other: _____ dated: <u> </u> / <u> </u> / <u> </u>

Recently evaluated for this issue. Date seen: / /

Evaluation (exam/interview) scheduled. Anticipated date to be seen: / /

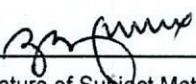
 Disability indicated: Yes No Unable to Determine

DPP: DNH

Summary of findings: DME: Ankle Foot Orthoses/Knee Ankle Foot Orthoses, disability vest, eyeglass frames, hearing aid, incontinence supplies, therapeutic shoes/orthotics

Summary of limitations: Bottom bunk, no rooftop work/hazardous restriction

Comments: Patient is receiving hearing aid batteries weekly.


 Signature of Subject Matter Expert

03/14/2024
 Date Signed

7536 DME/Supply Receipt

03/06/24 12:42 PST Performed by [REDACTED] LVN
Entered on 03/06/24 12:42 PST

Patient Encounter Information

EMRTE Information: Encounter Info: Patient Name: [REDACTED] DOB: [REDACTED], FIN: [REDACTED], Facility: SATF, Encounter Type: Institutional Encounter

Approved DME/Medical Supplies

DME Air Cell Cushion-High Profile (Roho): N/A
 DME Air Cushion (for Wheelchair Seat): N/A
 DME Air Cushion-Full (Day/Geri Chair): N/A
 DME Ankle Foot Orthoses/Knee Ankle Foot: Ankle Foot Orthoses/Knee Ankle Foot Orthoses Permanent
 DME Back Braces: N/A
 DME Binder Abdominal: N/A
 DME Breast Pump: N/A
 DME Bubble Humidifier: N/A
 DME Burn Garment: N/A
 DME Cane: N/A
 DME Commode Chair: N/A
 DME Compression Stocking: N/A
 DME Crutches: N/A
 DME Diabetic Supplies Monitors: N/A
 DME Disability Vest: Disability Vest Permanent
 DME Disability Vest Choices: Hearing Impaired Disability Vest
 DME Eyeglass Frames: Eyeglass Frames Permanent
 DME Eyeglasses for Aphakia: N/A
 DME Fall Prevention Slippers: N/A
 DME Foot Orthoses: N/A
 DME Hearing Aid: Hearing Aid Permanent
 DME Heel/Foot Protector: N/A
 DME Helmet: N/A
 DME Hernia Belt: N/A
 DME Incontinence Supplies: Incontinence Supplies Permanent
 DME Knee Braces: N/A
 DME Magnifier: N/A
 DME BiPap: N/A
 DME CPAP: N/A
 DME Ocular Conformers: N/A
 DME Ostomy Supplies: N/A
 DME Oxygen Concentrators: N/A
 DME Pressure Reducing Support Services: N/A
 DME Prosthetic Limbs Lower Extremity: N/A
 DME Prosthetic Limbs Upper Extremity: N/A
 DME Scleral Shell Contact Lenses: N/A
 DME Sitz Bath: N/A
 DME Spinal Orthoses: N/A
 DME Therapeutic Contact Lenses: N/A
 DME Theraband: N/A
 DME Therapeutic Shoes/Orthotics: Therapeutic Shoes/Orthotics Permanent
 DME Toilet Seat Lift (Erector): N/A
 DME Toileting Aid: N/A
 DME Tracheostomy Care Supplies: N/A
 DME Truss Hernia Support: N/A
 DME Urinal: N/A
 DME Urologic Supplies: N/A
 DME Vaginal Dilator: N/A
 DME Voice Prosthesis Augmentative: N/A
 DME Walkers: N/A
 DME Wash Basins: N/A
 DME Wide Wheelchair: N/A
 DME Wheelchair: N/A
 DME Wound Care Dressings: N/A
 DME Negative Pressure Wound Therapy: N/A
 DME Wrist Support Brace: N/A
 DME Other Options: N/A

Durable Medical Equipment and Supply Receipt

7536 Descriptions 1: Hearing aid
 7536 Make 1: 2 size 13 batteries
 7536 Comments 1a: 1:1 exchahng
 7536 Date of 7221: 03/06/24

RECEIVED

MAR 07 2024

MEDICAL RECORDS
CSATFPatient Name: [REDACTED] DOB / AGE / SEX: [REDACTED]
Admitting Physician:

Admission Date / MRN / Financial Num: 08/09/19 [REDACTED]

bf 2

Print Date: 03/06/24

Print Time: 12:43 PST

Printed by: [REDACTED]

LVN

7536 DME/Supply Receipt

03/06/24 12:42 PST Performed by [REDACTED] | LVN

Entered on 03/06/24 12:42 PST

Durable Medical Equipment and Supply Receipt (cont.)

7536 Section C: Received DME/Medical Supply

7536 Patient Signature: X

7536 Patient Signature Date: 03/06/24

7536 Issuing Staff Signature: X

7536 Issuing Staff Date: 03/06/24

7536 Witness Name: X

7536 Witness Signature: X

7536 Witness Date: 03/06/24

[REDACTED] LVN 3/6/24

SATE/Location: SATE D 005 [REDACTED]

DOB / AGE / SEX: [REDACTED]

Patient Name: [REDACTED]

Admitting Physician: [REDACTED]

Admission Date / MRN / Financial Num: 08/09/19 [REDACTED]

Page 2 of 2

Print Date: 03/06/24

Print Time: 12:43 PST

Printed by: [REDACTED]

LVN

Exhibit 22

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 10/13/2021

Date IAC Received 1824: 10/6/2021

1824 Log Number: SATF-D-21-01598

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: D5-[REDACTED]

RAP Staff Present: ADA Coordinator C. Critchlow, Custody Appeals Representative
 Health Care Grievance Representative [REDACTED] Health Care Compliance Analyst [REDACTED]
 Student Services [REDACTED] [REDACTED] Doctor G. Ugwueze,
 Psychologist [REDACTED]

Summary of Inmate's 1824 Request: Inmate alleges discrimination due to disability.

Interim Accommodation:

No Interim Accommodation required: You are safely accessing programs, services, and activities.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate alleges discrimination due to disability.

Response: On 10/13/2021, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Due to its nature an inquiry was conducted for staff non-compliance. Your allegations, of being discriminated against, was elevated to Business Services management for further inquiry pursuant to Disability Placement Program Non-Compliance accountability protocols and remedy to any programming concerns. All staff personnel matters are confidential in nature. Details of any inquiry will not be shared with staff, members of the public or inmates.

Your allegations regarding misconduct by staff has been forwarded for review to the Hiring Authority and is being handled through the grievance process.

To address property issues, such as wanting to purchase items, you are encouraged to notify custody staff or submit a GA-22 to the facility supervisory staff.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602 (or 602A if more room is required) and your concerns will be addressed through the Inmate Grievance Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

C. Critchlow
ADA Coordinator/Designee

Signature

Date sent to inmate:

CSATF APPEALS

NOV 02 2021

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Only)	DATE RECEIVED BY STAFF:
<i>SPAT</i>	<i>SPAT-D-21-01598</i>	<i>CSATF APPEALS</i>
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7302 or a CDCR 602-HC		
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT
		<i>A1A/OnH</i>
		HOUSING <i>5-D</i>

INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

On OCT 5, 2021 I WAS NOT ABLE TO HEAR The Announcement of CANTEEN PICK for form's Sat. [REDACTED] HAD me Address The CANTEEN Manager; [REDACTED], whom had Ridiculed me for Being(D.N.H) AS Deliberate Baggering for NOT Being Able TO HEAR.

WHY CAN'T YOU DO IT?

I Couldnt Delegage the Hurt I felt For his offensive ANTAGONIZING Belligerent Attitude in Such Baggering Discrimination

WHAT DO YOU NEED?

I need Accomodation of CANTEEN Privileges Without Any Discrimination via any Federal Law WELFARE, & INSTITUTION Code 5325.1(i) Hazardous Procedure.

See ATTACHED Canteen List

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure

List and attach documents, if available:

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

INMATE'S SIGNATURE

OCT 5, 2021
 DATE SIGNED

Assistance in completing this form was provided by:

Last Name

First Name

Signature

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED]

CDCR # [REDACTED]

CDCR 1824 Log #: 21-01598

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 10/6/21

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

 Yes / Unsure (Complete Steps 2 &/or 3)

No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

Person Completing Step 1

Title

Signature

Date Completed

SSA

10/6/21

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: 10/6/21

Due back to IAC: 10/7/21

Returned to IAC: 10/7/21

Assigned to: [REDACTED]

Title: FTS

Information needed: Clarification - how was I'm ridiculed? Was he denied canteen?

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)
 Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: 10/6/21

Location: DS Dayroom

Interviewer notes: See attached

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Notes: Staff allegation entered into JAMS 10/6/21

Interviewer (Print Name)

Title

Signature

Date Completed

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
 CDCR 602-A (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY

Institution/Parole Region:

Log #:

Category:

172634

FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last) [REDACTED]	CDC Number: [REDACTED]	Unit/Cell Number: [REDACTED]	Assignment: [REDACTED]
------------------------	------------------------	------------------------------	------------------------

A. Continuation of CDCR 602, Section A only (Explain your issue):

SEE ATTACHED 1824
 DATED 10/6/21

CSATF APPEALS
 OCT 06 2021

STAFF USE ONLY

Inmate/Parolee Signature: _____ Date Submitted: _____

B. Continuation of CDCR 602, Section B only (Action requested):

Inmate/Parolee Signature: _____ Date Submitted: _____

QUESTION #1- How was Inmate [REDACTED] ridiculed?

[REDACTED] stated that he spoke with Facility D, Canteen Manager [REDACTED] and explained that he was "turning in his canteen slip, late due to his hearing disability". [REDACTED] stated that Canteen Manager [REDACTED] responded by repeatedly asking him "do you hear me know"; approximately three times, mocking his disability. [REDACTED] stated that is why he felt that he was ridiculed for being DNH.

QUESTION #2-Was Inmate [REDACTED] denied canteen?

[REDACTED] feels that he was denied access to canteen, due to Canteen Manager [REDACTED] refusal to accept his canteen slip.

IAP / Interview Worksheet

Inmate: [REDACTED]

CDCR #: [REDACTED] CDCR 1824 Log #: 21-01598

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

An Interim Accommodation IS NOT required.

Reason: _____

An Interim Accommodation IS required.

Reason: _____

Accommodation(s) provided:

Date provided:

Comments: _____

Person Completing Step 3

Title

Signature

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C

Wednesday October 06, 2021 02:34 49 PM

DPP Disability/Accommodation Summary

As of: 10/06/2021

OFFENDER/PLACEMENT

CDC #: [REDACTED]
Name: [REDACTED]
Facility: SATF-Facility D
Housing Area/Bed: D 005 [REDACTED]
Placement Score: 849
Custody Designation: Medium (A)
Housing Program: Sensitive Needs Yard
Housing Restrictions: Lower/Bottom Bunk Only
Physical Limitations to Job/Other: Transport Vehicle with Lift
Special Cuffing Needed
No Rooftop Work
Temporary - 06/17/2020

DISABILITY ASSISTANCE

Current DDP Status: NDD
DDP Adaptive None
Support Needs:
Current DDP Status Date: 10/21/2005
DPP Codes: DNH
DPP Determination Date: 08/02/2017
Current MH LOC: CCC14S
Current MH LOC Date: 05/16/2019
SLI Required: No
Interview Date: 08/02/2017
Primary Method: Hearing Aids
Alternate Method: Need Staff to Speak Loudly and Clearly
Learning Disability:
Initial TABE Score: 03.2
Initial TABE Date: 05/29/2014
Durable Medical Equipment: Hearing Aid
Canes
Eyeglass Frames
Hearing Impaired Disability Vest
Partial Upper Denture - Acrylic
Languages Spoken:

IMPORTANT DATES

Date Received: 10/12/2000
Last Returned Date:
Release Date: 10/21/2034
Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: A
Work Group: A1
AM Job Start Date:
Status:
Position #:
Position Title:
Regular Days On:

Disability Verification Process (DVP)**Worksheet**

SIDE 1

INMATE'S NAME (Print)

CDCR 1824 LOG NUMBER

21-01598

CDCR NUMBER

INSTRUCTIONS

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

SECTION 1 – SME FINDINGSPerson completing worksheet: G. Ugwueze, MDTitle: CME

Type of Review: Health care review Mental Health review Education / learning disability review
 Other review: _____

File Review conducted. Documents obtained:

<input checked="" type="checkbox"/> CDCR 1845 dated: <u>08/02/17</u>	<input type="checkbox"/> CDCR 7410 dated: <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/> CDCR 128-C2: dated: <u> </u> / <u> </u> / <u> </u>
<input checked="" type="checkbox"/> CDCR 7536 dated: <u>03/14/21</u>	<input type="checkbox"/> CDC 7221-DME dated: <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/> CDCR 7388: dated: <u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/> CDCR 128-C3: dated: <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/> CDCR 7386: dated: <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/> Other: <u> </u> / <u> </u> / <u> </u> dated: <u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/> Other: _____ dated: _____ / _____ / _____	<input type="checkbox"/> Other: _____ dated: _____ / _____ / _____	<input type="checkbox"/> Other: _____ dated: _____ / _____ / _____

Recently evaluated for this issue. Date seen: / /

Evaluation (exam/interview) scheduled. Anticipated date to be seen: / /

Disability indicated: Yes No Unable to Determine

DPP: DNH

Summary of findings: DME: Hearing aid; canes; eyeglass frames; HID vest; partial upper dentureSummary of limitations: Lower/bottom bunk; transport vehicle w/ lift; special cuffing needed; no rooftop workComments: Canteen access is a custody concern.*Agf*

Signature of Subject Matter Expert

10-14-2021

Date Signed

Debacker

Disability Verification Process (DVP)
Worksheet
SIDE 1

INMATE'S NAME (Print)

CDCR 1824 LOG NUMBER
SATF - D

CDCR NUMBER

21-01598

INSTRUCTIONS

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

SECTION 1 – SME FINDINGS

Person completing worksheet: _____ SSA _____ Title: _____

Type of Review: Health care review Mental Health review Education / learning disability review
 Other review: _____ HCGO _____ File Review conducted. Documents obtained:

<input type="checkbox"/> CDCR 1845 dated: _____ / _____ / _____	<input type="checkbox"/> CDCR 7410 dated: _____ / _____ / _____	<input type="checkbox"/> CDCR 128-C2: dated: _____ / _____ / _____
<input type="checkbox"/> CDCR 7536 dated: _____ / _____ / _____	<input type="checkbox"/> CDC 7221-DME dated: _____ / _____ / _____	
<input type="checkbox"/> CDCR 128-C3: dated: _____ / _____ / _____	<input type="checkbox"/> CDCR 7386: dated: _____ / _____ / _____	<input type="checkbox"/> CDCR 7388: dated: _____ / _____ / _____
<input type="checkbox"/> Other: _____ dated: _____ / _____ / _____	<input type="checkbox"/> Other: _____ dated: _____ / _____ / _____	

 Recently evaluated for this issue. Date seen: _____ / _____ / _____ Evaluation (exam/interview) scheduled. Anticipated date to be seen: _____ / _____ / _____Disability indicated: Yes No Unable to Determine DNH

TABLE 3.2

Summary of findings: _____

Summary of limitations: _____

Comments: _____

Expert

10-14-21

Date Signed